

OVHA Over-The-Counter (OTC) Pharmacy Coverage	
Vermont Medicaid, VHAP, VHAP Pharmacy, Dr. Dynasaur	<ol style="list-style-type: none"> 1. Medicaid OBRA rebate agreement required. 2. OTC coverage requires a prescription, and the drug must be part of the medical treatment for a specific current health problem. 3. PA may be required.
VHAP Limited	<ol style="list-style-type: none"> 1. Medicaid OBRA rebate agreement required. 2. OTC coverage limited to diabetic supplies, syringes, needles, loratidine, generic OTC cetirizine swallow tablets and Zyrtec OTC syrup, smoking cessation drugs, Prilosec OTC®, and Non-steroidal Anti-inflammatory analgesics (NSAIDS). A prescription is required, and the drug must be part of the medical treatment for a specific current health problem. 3. PA may be required.
VScript, VScript Expanded	<ol style="list-style-type: none"> 1. Maintenance drugs coverage only. 2. Medicaid rebate agreement required for VScript. 3. Medicaid state-only (supplemental) agreement for VScript Expanded. 4. PA may be required. 5. OTC coverage limited to diabetic supplies, loratidine, generic OTC cetirizine swallow tablets and Zyrtec OTC syrup, Prilosec OTC® and Non-steroidal Anti-inflammatory analgesics (NSAIDS). A prescription is required, and the drug must be part of the medical treatment for a specific current health problem.
VPharm 1	<ol style="list-style-type: none"> 1. Medicaid OBRA rebate agreement required. 2. OTC coverage limited to those drugs that are not covered by PDP. A prescription is required, and the drug must be part of the medical treatment for a specific current health problem. 3. PA may be required.
VPharm 2 & 3	<ol style="list-style-type: none"> 1. Maintenance drugs coverage only. 2. Medicaid OBRA rebate agreement required for VPharm 2 and 3. 3. Medicaid state-only (supplemental) rebate agreement required for VPharm 3. 4. OTC coverage limited to diabetic supplies, loratidine, generic OTC cetirizine swallow tablets and Zyrtec OTC syrup, Prilosec OTC® and Non-steroidal Anti-inflammatory analgesics (NSAIDS) when not covered by PDP. A prescription is required, and the drug must be part of the medical treatment for a specific current health problem. 5. PA may be required.
ESI Wrap - Eligible for VHAP	<ol style="list-style-type: none"> 1. Medicaid OBRA rebate agreement required. 2. OTC coverage limited to those drugs that are not covered by ESI plan. A prescription is required, and the drug must be part of the medical treatment for a specific current health problem. 3. PA may be required.
ESI Wrap - Not eligible for VHAP	<ol style="list-style-type: none"> 1. Medicaid OBRA rebate agreement required. 2. OTC coverage limited to those drugs used to treat the 11 chronic conditions: Asthma, Depression, Hyperlipidemia, Hypertension, Diabetes, Arthritis, COPD, Ischemic Heart Disease, Congestive Heart Failure, Chronic Renal Failure and Low Back Pain. 3. A prescription is required, and the drug must be part of the medical treatment for a specific current health problem. 4. PA may be required.